

| <b>MULTIPLE DEPENDENT CLAIM<br/>FEE CALCULATION SHEET</b><br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |          |        |                       |        |                        |        | Application Number<br><div style="font-size: 1.2em; font-family: cursive;">10352 293</div> |        | Filing Date |        |       |        |
|--|----------|--------|-----------------------|--------|------------------------|--------|--|--------|-------------|--------|-------|--------|
|  |          |        |                       |        |                        |        | Applicant(s)   |        |             |        |       |        |
| * May be used for additional claims or amendments  |          |        |                       |        |                        |        |  |        |             |        |       |        |
| CLAIMS   | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        | *  |        | *           |        | *     |        |
|  | Indep    | Depend | Indep                 | Depend | Indep                  | Depend | Indep  | Depend | Indep       | Depend | Indep | Depend |
| 1  |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 2  |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 3  |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 4  |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 5  |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 6  |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 7  |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 8  |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 9  |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 10   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 11   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 12   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 13   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 14   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 15   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 16   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 17   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 18   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 19   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 20   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 21   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 22   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 23   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 24   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 25   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 26   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 27   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 28   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 29   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 30   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 31   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 32   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 33   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 34   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 35   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 36   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 37   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 38   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 39   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 40   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 41   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 42   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 43   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 44   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 45   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 46   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 47   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 48   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 49   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| 50   |          |        |                       |        |                        |        |  |        |             |        |       |        |
| Total  |          |        |                       |        |                        |        |  |        |             |        |       |        |
| Indep  | 3        |        |                       |        |                        |        |  |        |             |        |       |        |
| Total  |          |        |                       |        |                        |        |  |        |             |        |       |        |
| Depend   | 5        |        |                       |        |                        |        |  |        |             |        |       |        |
| Total  | 8        |        |                       |        |                        |        |  |        |             |        |       |        |
| Claims   |          |        |                       |        |                        |        |  |        |             |        |       |        |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.